

Ballraíocht Lae / Day Membership Form

I WISH TO APPLY FOR MEMBERSHIP

Please use BLOCK CAPITALS		
AINM NAME	POST L E-MAIL	
SEOLADH ADDRESS		
GUTHÁN TEL.	BAILE HOME	OBAIR WORK
LEANAÍ & AOIS CHILDREN & AGES		

I gcás éigeandála an bhfuil aon ghalar ar leith a bheadh i gceist i do leith fhéin?

Do you suffer from any of the following?

Diabaetas *Diabetes*

Titeamas *Epilepsy*

Múchadh *Asthma*

Eile *Other*

Day members **5 €** per trip

Family/*Teaghlach* **10 €**

I agree to abide by the rules of the club (See reverse)

Síniú *Signature* :

Dáta *Date* :

Ainm & Uimhir teagmhála i gcás éigeandála
Name & Contact No. in case of emergency

N.B. Payment in full necessary before Row to validate Insurance.